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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/651,796			ing Date 30/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY	
	FOR		NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		x s =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *]	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	ets of pap 250 (\$125 itional 50 :	er, the applicate for small entity sheets or fracti	ings exceed 100 tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	12/19/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 28	Minus	28	= 0]	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	* 8	Minus	***8	= 0]	X \$110 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))]			OR			
						-	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())	*	Minus	**	=]	x s =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))	•	Minus	***	=]	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IM THIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "3". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "3". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "3". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Previously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Proviously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Proviously Paid For IM THIS SPACE is less than 5, enter "2". **The "Highest Number Proviously Paid For IM THIS SPACE is less than 5, enter "2											

This collection of information is exquent by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is overward by \$8.0 Sc. 1.22 and \$37.0 FR 1.4. This collection is estimated to there 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or supplecestors for reducing this burdon, should be sent to the Child Information Officer. U.S. Patent and Transfor Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.